

VERIFICATION OF INDIAN PREFERENCE FOR EMPLOYMENT
IN BUREAU OF INDIAN AFFAIRS AND INDIAN HEALTH SERVICE ONLY

To establish eligibility for Indian preference for employment with BIA/IHS, complete one of the categories below and submit with your SF-171 or OF 612: Application for Federal Employment.

Category MEMBER OF FEDERALLY-RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES.

A

This is to certify that the person named below is a member of the tribe indicated:

_____	_____	_____
Full Name	Date of Birth	Tribal Affiliation

I certify that the above information was taken from the official membership records of the _____ Tribe and acknowledge that falsification and misrepresentation of this information is punishable under Federal Law.

_____	_____	OR	_____	_____
Tribal Representative	Date		BIA Representative	Date

_____	_____
Title	Title

Agency Name

Category

B

DESCENDANTS OF MEMBERS OF FEDERALLY-RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES WHO WERE RESIDING ON ANY INDIAN RESERVATION ON JUNE 1, 1934.

This is to certify that the person named below has established to my satisfaction that he is a descendant of an enrolled member of the tribe named below and that he was living on an Indian reservation on June 1, 1934. The applicant's family history is outlined on the attached family history chart:

_____	_____	_____
Name of Individual	Date of Birth	Reservation of Residence on June 1, 1934

_____	_____
Ancestor	Tribal Record of Affiliation

_____	_____
Date	BIA Representative

Title

Agency Name